

# Foster Family Home - Corrective Action Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-2

91-850 Kekakia Place

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 1/15/2020

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 2/15/20.

## Foster Family Home

### Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No second year APS/CAN and fingerprints for HHM's #2, #3, #4, and #5. Expired on 10/24/19.

David Ayling  
Compliance Manager

Lene Rose Galiza  
Primary Care Giver

1/15/20  
Date

1/2/20  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Lene Rose Galiza**

CCFFH Address: **91-850 Kekakia Place, Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I received the APS/CAN and fingerprints for HHM's #2, #3, #4, and #5. I put the results in my CCFFH binder.	1/26/20	I put the expiration dates for APS/CAN and fingerprints for all CG's and all HHM's on my iPhone 10 calendar. I set the reminder for 2 weeks prior to the expiration dates.

Primary Caregiver's Signature: *Lene Rose Galiza*

Print Name: **Lene Rose Galiza**

Date of Signature: **1/26/20**